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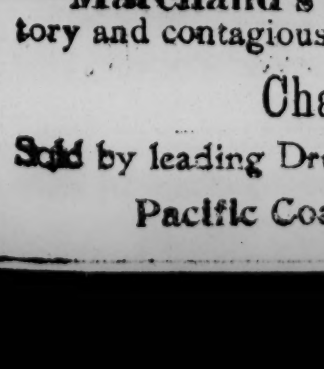

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TRY IT IN PRACTICE.

TRY it in ***Anæmia,*** measuring the increase of red cells and hæmaglobin in the blood as you proceed, together with the improving strength and functions of your patient.

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Try it per rectum, when the stomach is entirely unavailable or inadequate.

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Try it on ***anything,*** except plethora or unreduced inflammation; but first take time to regulate the secretions and functions.

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And all cases where inflammation or congestion is a factor.

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Recent Medical Therapeutics

Treatment of Pneumonia

As a rule certain diseases prove more fatal, not only in given districts but during certain periods of time, along particular areas of territory.

Twenty years ago, and preceding the appearance of La Grippe in its epidemic form, pneumonia proved as dangerous as it does at the present time. Medical men were at a loss, not for a remedy for the disease alone, but even for a logical line of treatment. The celebrated Dujardin-Beaumetz became so skeptical that he prescribed stimulants, regardless of therapeutical conditions. The mortality in his ward at the Hotel Dieu in Paris proved that his patients fared no worse than the others submitted to the antiphlogistic remedies then in vogue.

Codeine was considered the best remedy known possessing a marked and distinct effect upon the hypersecretions of the bronchial mucous membrane. What was desired was an analgesic possessing antipyretic properties which could be safely used. This has since been found in antikamnia which can be safely exhibited, especially on account of its not having a dopressing effect on the cardiac system

Doses of from five to ten grains of antikamnia administered under ordinary conditions do not develop any untoward after-effects. In the treatment of pneumonia, antikamnia is indicated as a necessary adjunct to codeine, on account of its analgesic and antipyretic properties and particularly because it acts as a tonic upon the nerve centres. The tablets of antikamnia and codeine containing four and three-quarter grains antikamnia and one-fourth grain sulphate of codeine present these two remedies in the most desirable form. One tablet every hour, allowed to dissolve slowly in the mouth, is almost a specific for the irritating cough so often met with in these complications. For general internal medication it is always best to crush the tablets.

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Pulv. Ipecac et Opii.....grs. xx
M. ft. Capsules No. xx, dry.
Sig.—One every two or three hours.

Cough—Grippal

℞ Antikamnia (Genuine).....ʒ i
Vin. Ipecac.
Ammon. Mur.....aa ʒ ii
Aquæ Cinnamomi.....ʒ i
Syr. Tolutani.....ʒ iii
Mx. Sig.—Teaspoonful at a dose.

Cough—Tickling

℞ Antikamnia and Codeine Tablets.....No xii
Sig.—Crush and take one every 2 or 3 hours.

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IN some instances where physicians have failed to secure the expected results from the use of Tongaline, it has been found that the genuine preparation was not dispensed and that the patients had been given a worthless substitute.

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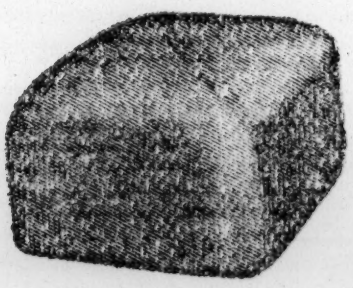

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Does not disturb digestion.
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California Medical Journal.

VOL. XX. San Francisco, California, April, 1899. NO. 4

Schuesslerism.

W. C. COOPER, M. D., Cleves, Ohio.

IN REPLY TO G. W. HARVEY, M. D., SALT LAKE, IN JAN. NO., OUR JOURNAL.

Certain that Dr. Harvey will forgive my "verbosity" of the past if I try to be concise in this instance, I shall venture to briefly review the subject of Schuesslerism. I say Schuesslerism because that is right, and biochemistry, as the name of a system of medical practice, is flagrantly wrong. Biochemistry is simply one of the sciences pertaining to medicine.

I shall not re-discuss Schuessler's nebulous theory of disease, for that would involve too great a waste of space. It is sufficient to say that it depends upon the misconstruction of a German physiologist's utterance, and upon mistaking an effect for a cause.

"Now the 'scholastic indirectness' of Schuessler and the hetero-verbal ratiocination of Dr. Cooper may blind some people, but there are times when the inorganic salts may be of much more importance in the system than the organic elements, and a molecular lack may cause disease."

The above, quoted from Dr. Harvey's article, furnishes a fair example of Schuessler's mode of reasoning. I am sure it does not do Dr. Harvey justice when he has his study-cap on and is at his best. Now look at it, friends, "a molecular lack may cause disease." Suppose a rachitic child is brought to you. If you are a tissue-salt doctor, you will reason thus: "There is a lack of lime in the child's bones. 'A molecular lack may cause disease,' therefore this lime-lack is the primal lesion. The way to dissipate a want is to supply it, therefore I will give this child lime." That is the ankle-deep philosophy of the Schuesslerite.

If Dr. Harvey and friend Webster had not been biased, as a result of a few happy coincidences, they would reason thus: "There is a lack of lime in the child's bones. The way to dissipate a want is to supply it. The way to do this is to get behind this lack and remove its cause. This lack is merely an effect, and I shall not violate common sense by attempting to eradicate a cause by monkeying with its effect. The fault in this case is a specific malassimilation. The child's food contains its proper proportion of lime, but it does not get into the bones. I shall not give lime, as such, because if the cells refuse to accept it from nature they will assuredly refuse to accept it from me. The phosphate of lime is the phosphate of lime, whether produced by nature or chemical art. The cells refuse lime. There is a reason

for this, and the reason is anterior to the refusal. What I want to do is to abolish the pathological representative of this reason. I will relate the patient correctly to the laws of life, and then figure around with nux or bismuth, or some of the mineral acids, according to specific indications," etc.

There are a couple of other things to think of in this connection. If it were possible for the system to refuse natural, and accept artificial, lime, why should it ever again become reconciled to natural lime? Again, the lime-lack in a rachitic child represents several drachms, at least; how long would it take to replace this by giving a few grains of the third trituration every day? It could not be done in fifty years, unless the absorbed lime possessed the faculty of enormous self-multiplication.

I want to say here that I am perfectly familiar with all of Schuessler's writings, and that when he first introduced his system, I thoroughly tested it. I had not yet gotten my "second sight," and the idea of tissue feeding —in its glamour of superficial plausibilities—completely fascinated me. I employed the twelve salts in my practice very freely for nearly a year. If they had not been uniformly disappointing (except in those cases in which it is impossible to distinguish between drug and natural reparative results) I should be using them yet, philosophy or no philosophy. It is a consequence of the eternal essence of things, that if Dr. Harvey finds certain of these salts good in particular conditions—and I do not doubt his word—it is not because the salt supplies a lack, but because dynamization has made a medicine out of it; i. e., made it heterogeneous to the system. Our homeopathic brethern strenuously assert—and they are as intelligent and honest as we are —that they get very marked medicinal results from highly attenuated chloride of sodium. We do certainly know that a radical change in the character of this condiment must be wrought in order to make a medicine of it, especially when ingested as an inappreciable suspicion of common salt. If one should drink a quart a day of even the 30x dilution, he would not get as much salt in a thousand years as he gets in his food in one day. Its curative power certainly cannot depend upon its tissue-feeding quality. Homeopathic philosophers hold that this infinitizing process frees the spirit of a substance, and that only this is medicinally relationable to ultimate histogenetic processes. The tenuity of this hypothesis, as it seems to me, is only equalled by its theoretic necessity.

I don't believe we Eclectics can afford to champion any one-ideaism, either in whole or in part. It is the glory of Eclecticism that it will test any drug within rational limits, but it is counter to its spirit and integrity to countenance any self-stultifying one-ideaism. Schuesslerism is the crystalization of a spurious inspiration, and in fifty years it will merely serve as a punctuation point in medical history.

I am sorry Dr. Harvey felt constrained to make a critical reference to my literary style, and to imply a hoot at my logic. If he be the good fellow I hope he is, I suspect he himself is sorry he did so. There must be differences, but let them not disturb our fraternity.

The Prescription.

C. M. TROPPMANN, M. D., Ph. G., San Francisco, Cal.

Some few months ago, I read a paper before the San Francisco County Society of Physicians and Surgeons and in the argument which followed, I was told that I had done well in telling how not to write a prescription, and that it might be well to prepare a paper on how to write a prescription, and write it correctly, especially with the use of specific medicines.

Taking the well-meant hint, I decided to attempt to handle the subject of how to write a prescription and write it correctly, not knowing what a task I had undertaken. Believing that there is only one way of doing anything right and that is the correct way, I have attempted to sift out which is the correct and which is the incorrect way of writing a prescription, particularly when containing specific medicines prepared by Lloyd or normal tinctures by Merrell, therefore when these medicines are desired, how should they be prescribed and prescribed correctly? That has caused me many sleepless nights, and great loss of appetite, and I am afraid I am still as far from the solution of this subject as when I entered upon the task of mastering it.

The prescribing of medicines is an art, it is the practical application of the knowledge of therapeutics, chemistry and pharmacy to the cure of disease. No department of his studies puts the skill of the physician to a closer test, none calls for the exercise to a greater extent of that invaluable quality, whether intuitive or acquired, called tact, and yet few departments of medical knowledge are less insisted upon as necessary branches of medical education.

In writing prescriptions, the physician should take particular pains to write plainly, that the pharmacist may have no trouble in understanding his wishes and directions as expressed therein. This is one of the most important matters connected with the writing of prescriptions, as unfortunately physicians as a rule do not seem to realize that upon the legibility of the prescription depends to the greatest extent its chances of being properly compounded; and two factors are brought before us, which to our sorrow do exist, it is the manner in which medicines are prescribed and compounded. These are the reckless haste and often illegible writing of the medical man, who writes the prescription; and the gross ignorance and carelessness of some of the druggists or their assistants, who fill the prescription.

In case of the average physician, that is if he be a graduate duly qualified of a respectable medical school, no excuse can be offered. Illegibility is inexcusable in anyone, but it is absolutely unpardonable in a medical man; and as many of the terms applied to drugs, whether rightly or wrongly does not materially concern the point at issue, are given in latin, it is therefore of the greatest importance that

the aid of distinct calligraphy, espeas abreviations are so much employed, should be given, even to the skilled druggist, to insure that he shall make no mistake. In the second place, not merely the recovery, but the very life of the patient is subjected to risk from the lack of the doctor's taking a little pains to make his meaning absolutely clear.

It is claimed that this habit of writing in a scrawling and all but undecipherable hand is a piece of affectation, often practiced by newly fleged physicians, to hide the fact that they are mere tyros at the business, and to make the public believe that they are thoroughly versed in the minutest details and mysteries of their profession. If this be so, they exhibit in their practice one disqualification for their profession which ought to offset all the qualifications, the possession of which they claim in virtue of their having a duly signed and sealed diploma. It is difficult to say by what means this serious fault on the part of physicians is to be stopped. Legislation cannot take measures to remedy it, for it is beyond the scope of the statute book to compel a man to write a clear hand, but that the fault does exist and to a much greater extent than is generally known is undeniable.

What do you think of a party receiving a pass for a theatre written out by the manager of the troupe and taking it to a drug store to get a bottle of cough syrup for it? or a physician handing his patient a receipt for his fee and a prescription, patient, after getting the medicine, upon his arrival home was going to file away his receipt when to his astonishment he finds that he had given the druggist his receipt and had kept the prescription, and yet he received his medicine.

We then come to this conclusion, that the object of writing a prescription is that the pharmacist may easily and without fear of mistake compound what the doctor wants in the way of medicine for the sick. The question of Eclectic prescription writing may be viewed impartially from more than one standpoint. However, I believe that clearness of intention on the part of the prescriber should be paramount to all other considerations; besides, Eclectic medicines are American medicines. We do not look to the traditions and customs of ancient Europe with the reverence that has characterized other schools. Therefore a display of Latin, especially bad Latin, should be little to our taste, and we should strive rather to win our laurels upon our therapeutic merit than by a display of erudition, which is entirely foreign to a careful study of the curative effects of drugs; yet there should be one recognized method of writing the prescription containing Eclectic specific medicines.

I tallied 1000 prescriptions taken from the very hot-bed of Eclecticism, the dispensatory of the clinic connected with the Cal. Med. College, and I find that in the 1000 prescriptions, 648 were for specific medicines; these, upon a closer study revealed that almost all were written in English, 267 of them had "sp. med." before the name of the drug, 141 after the name, 114

had the name only, without "sp. med.," 271 had "normal tincture" in front and 18 after the name of drug, 48 had the "sp."only in front,8 had "tinct.,Lloyd's" 6 only"tinc.,"8 had "sp.tinct.,"2 had the plain instructions, use Lloyd's specifics; showing to us that sp. med. before the drug is the favorite, out of eleven different methods. Being still puzzled, I sent out some prescriptions to 20 doctors, lights in Eclecticism, for further information and mental satisfaction. Not all were returned as per request; many were, some were mislaid, some lost, some probably did not want to answer, probably some did not understand my querry; some returned them with remarks clothed up to the neck with sarcasm, and after receiving the others, who were kind enough to reply, I found some in English, some with latin endings that would make your eyes dazzle; and after all this excitement, I believe plainly written English prescriptions, as Eclecticism is Americanism and we are Americans, that it is the proper thing. We have nothing to hide in our prescriptions, as probably those from other schools have, we only can be proud of our materia medica, we have our indications, we have our drugs, and we have our grand results which ring the bell every time, and with such grandeur before us we should not care whether our prescriptions were written in one or the other language; but for the sake of uniformity, some standard should be accepted and adopted and used. Of course it is best not to entirely dispise such things as are popularly considered accomplishments, and every Eclectic graduate owes it to himself and his profession to devote some time and study to the writing of Latin prescriptions, lest his ability be measured by his knowledge in this direction.

Shallow minded set great store by such things as go to make up an outward show, though more philosophical people despise shams. Unfortunately however, we do not find the majority of those who require the services of a physician to be careful thinkers. Pupils in college should be taught to write a prescription fully in Latin,with all its genative endings, although in his after life he may abreviate, simplify as it were; but very few graduates in medicine are good Latin scholars. If writing for specific rhus tox., we would have to write with its genative ending rhois toxicodendronis, and probably with our latin prescription the educated pharmacist might be at a loss. I believe, though, that if one attempts to write a prescription, let it be either all latin or all plain English, not as the one I saw returned to me the other day:

℞ Liq. Potass. Arsenitis
Tincture Muriate of Iron
Sp. M. Echinaceæ
Sp. M. Viburnum
Simple Syrup
Aquæ Destill.

What is it?

It is true the sign "℞" is completely appropriate as a prefix to an English prescription, I presume, for it has been used so long for the purpose that it has become common property, and it should be made use of and signify

"Take." Much has been said whether capital letters should be used in a prescription and I simply quote Prof. J. U. Lloyd on this subject, he says: "I prefer to use a capital letter for every name, bnt others sometimes cap only the principal drug or the first used. Better use capitals throughout." Let us then take Prof. Lloyd's advice, caps throughout. Let that be no. 1.

Referring back to the prescription sign, then:

Take Spec. Med. Aconite gtt. v
Water ℥iv

Let the active drug come first, the solvent or diluent second. It would not be good form to reverse the position of the aconite and water.

A great deal of care should be taken to write the prescriptions as carefully and clearly as possible, the prescription might go other than to our favorite druggist and not all druggists are familiar with specific medicines and Eclectic preparations, nor with the attenuations, 2x or 3x etc., if it were written Tinct. Aconite (Lloyd) that would not mean sp. med. Lloyd's but the regular U. S. Ph. preparation of the tinct. of aconite root made by Lloyd must then be used.

One might write upon this subject a volume or two and yet the matter not be clear, but in my humble understanding of this puzzling problem, I would suggest to write all prescriptions in plain English, capitalizing each word or name, and using specific medicine in front of the name of the drug, as all can write English, and but few can tackle the Latin correctly.

How many of you could have correctly written:

Sp. M. Gelsemii
" " Belladonnæ
" " Rhois Toxicodendronis
" " Nucis Vomicæ
Aquæ Menthæ Piperitæ
Syr. Rhei et Kali

and how many could have written:

Sp. M. Gelsemium
" " Belladonna
" " Rhus Tox.
" " Nux Vomica
Peppermint Water
Neutralizing Cordial

and not been understood thoroughly?

Suffice it to say, that to create a uniformity in writing prescriptions seems almost an impossibility, but we should strive to have them as near uniform as possible. Simplicity in prescriptions is always desirable, remedies should never be mixed together without a definite purpose. Those exceedingly complex prescriptions, formerly so much in vogue, of which the ingredients were so numerous as to render altogether impossible a reasonable estimate of their bearing on each other, or to their effects on disease, have been generally abandoned by modern practitioners.

Be careful that the signs employed in prescriptions for measurement be written carefully, that ℥i may not be mistaken for ʒi or vice versa. Notwithstanding the apparent absurdity of this, I have seen prescriptions in which the signs intended have only been reached by guessing, or by reasoning upon the known dose of the drug rather than upon the shape of the sign.

A flourishing style of chirography is no where less in place than on a physician's prescription. I might add that a physician should always aim to render his mixtures as pleasant to the taste, smell and sight as possible.

When compelled to telephone your prescription to your druggist, more than ordinary caution must be used so that no errors may occur, as so many names sound alike; use the greatest of care and a few explanitory remarks, so that the druggist understands your wants exactly. I remember a case not very long ago, when the indications by the fœtid bowels, depraved blood and breaking down, with symptoms of congestion, indicating desolution; the learned doctor telephoned for echinacea and the telephone told the druggist ignatia. I myself once filled a prescription with sal prunelle instead of sulfonal.

In closing my paper, permit me to again appeal to you to write your prescriptions carefully and clearly, in plain English, and your "spec. med." or "norm. tinct." before the name of the drug. Write your directions distinctly and for the benefit of your patients, and as Eclecticism marches onward and upward it brings with it its American prescription, which can be read and understood by all who speak the tongue of Eclecticism, the school of the red, white and blue.

Creosote in Phthisis Pulmonalis.

L. H. WARNER, M. D., Brooklyn, New York.

After a brief review of creosote and guaiacol and the various methods of employing these products, the author says:

"In the treatment of phthisis, the administration of creosote causes the fever and cough to diminish and the patient to improve in appetite and flesh. On examination of the pulse, it will be noted there is a smallness and rapidity indicating an increased anæmia produced by the powerful action of creosote. When creosote alone is used life is made more comfortable to the patient but it causes an earlier termination. If in combination with tonics, less anæmia is produced. It has antifermentative powers, and though it may not kill bacteria, it destroys their ptomaines and renders their action non-toxic and inert. In the stomach of consumptives, a pathological fermentation is at all times going on, and this process is overcome by the action of creosote. It makes oxygen for the bloood, and is changed into carbolates and oxalates, as a result of oxydation, thus causing the blood to assume a deeper color. In the treatment of phthisis it becomes of special value if reinforced by nuclein. Nuclein increases the number of white blood corpuscles and is therefore a valuable agent in combating tuberculosis in its initial stage. Reviewing the afore mentioned facts, we have creosote, guaiacol, nuclein and tonics as factors in the treatment of phthisis pulmonalis.

"How and in what proportion can

they be best combined to become efficient in the treatment of this disease. Beef, milk and wheat peptonized, with creosote and guaiacol, otherwise known as liquid peptinoids with creosote, is an eligible method of administering the above in combination. Each tablespoonful contains two minims of pure beech-wood creosote and one minim of guaiacol combined with the nutrient and reconstituent properties of liquid peptinoids. In two different hospitals the entire consumptive wards were placed on this remedy with most excellent results and it will be necessrry to quote but a few of the many cases under observation:

Case 1.—M. P., female, aged 49, admitted to hospital June 2, 1898, family history tubercular. For some years patient has been troubled with severe attacks of cough, resulting from an attack of la grippe in 1894. Has dry hacking cough, with gelatinous expectoration, containing bronchial and alveolar epithelium in a state of fatty metamorphosis, streaked with blood, temperature 101°; loss of appetite and dyspeptic symptoms; inspiration of cog-wheel character; expiration high pitched and dullness on percussion. Patient has lost 30 pounds within last few months. Weighed on June 2d 145 pounds. Blood count, 45 per cent hæmaglobin, 3,000,000 red cells, 7,500 white cells.

Treatment began with one tablespoonful doses of liquid peptonoids with creosote every four hours. Patient slowly improved and on June 16 doses were doubled to two tablespoonfuls every four hours. Hereafter a rapid improvement took place. July 1st, patient's cough has disappeared, no bacilli in sputum, appetite good, weight 151 pounds. This treatment was continued till July 26th, when patient left the hospital, apparently well. Weight 155 pounds, blood examination hæmaglobin 62 per cent, red cells 3,650,000, white cells, 7,200, no cough, good appetite.

Case 2.—E. W., male, age 20, family history tubercular, admitted June 9th, 1898, hacking cough, purulent expectoration, temperature 100°, night sweats, loss of appetite and weight, blood examination 43 per cent hæmaglobin, 2,700,000 red cells, 7,000 white cells, weight 98; examination of sputum, bronchial and alveolar epithelium bacilli. Same treatment as in case 1, began June 9th. Patient improved. June 26th, coughs but little, no bacilli in sputum, appetite good, weight 103 pounds. July 13th discharged, apparently well, no cough, no night sweats, appetite ravenous, weight 105 pounds, blood count hæmaglobin 61 per cent, red cells 3,600,000, white cells 6,800.

All tubercular cases under my observation improved under this treatment, while others under plain doses of creosote, gtt. v to xx, showed but little improvement."

Gargle for Diphtheria.

℞	Kali Chloridi	ʒii
	Acid Carbol.	gr.x
	Md. Despum	ʒi
	Aq. Destill.	ʒv
M	Sig. Gargle 3 or 4 times a day.	

Dr. C. W. Unger.

Points in the Arsenical Caustic Treatment of Cutaneous Cancer.

WM. S. GOTTHEIL, M. D., New York City.

1.—The arsenious acid caustic treatment of skin cancers does not contemplate or depend upon the actual destruction of the new growth by the caustic.

2.—The method is based upon the fact that newly formed tissue of all kinds has less resisting power than the normal structure, when exposed to an irritation and its consequent inflammation. Hence the former breaks down under an "insult" which the latter successfully resists.

3.—If, therefore, the whole affected area can be subjected to the influence of an irritation of just sufficient strength to cause a reactive inflammation intense enough to destroy the vitality of the new cells, the older normal cells will survive.

4.—Arsenious acid of properly mitigated strength is such an agent, and its application causes an inflammation of the required intensity.

5.—It therefore exercises a selective influence upon the tissues to which it is applied, and causes the death of the cancer cells in localities outside the apparent limits of the new growth, where there is as yet no evidence of disease.

6.—It is superior, in suitable cases, to any method, knife or cautery, which requires the exercise of the surgeon's judgement as to the extent to which it is to be carried. That that judgement is often wrong, and necessarily so, is shown by the frequency of recurrence under these methods even in the best hands.

7.—It is applicable to all cutaneous carcinomata in which the deeper structures are not involved, and which do not extend far onto the mucous membranes.

8.—It is easy of application; it is safe; it is only moderately painful; and its results compare favorably with those obtained with other methods.

If the Child were a Boy, Would Circumcise It.

J. W. MEANS, M. D. Troy, Ohio.

The above expression was forcibly brought to my hearing some time ago when in consultation with a physician of the ancient type, although one who is doing all in his power to get out of the broad and beaten path of medieval medicine and crystallized ignorance.

The child born of ill-fed parents was a chip off the old block, pale and anæmic, the picture of distress so prominent in all such products. I at once recognized in the M. D. that a gleam of intelligence had illuminated his soul. The clouds that had so long darkened his pathway were gradually being dissipated and the light of truth was slowly but surely dawning upon him. Tonics, tissue remedies, the indicated drug had failed. The surroundings clearly indicated that hygiene, good

food, and massage were factors wholly ignored by the family. If it were a boy with accompanying symptoms, would circumcise it; but such a procedure in this case would be rank heresy and therefore could not be considered.

The evolution of the mind is as slow as the evolution of society. We rise through various life forms from lower to higher until we reach the crown of creation. The physician in question had grasped the orificial idea in part only; but when we find a follower of Æsculapius who is willing to admit that orificial irritation causes marked disturbance in every tissue of the body, we should extend to him the hand of fellowship and welcome him to the fold as an evidence of the changes resulting from the teaching of the last ten years.

Expansion in ideas is as important as expansion in territory. Both result from development—the former is due to physiological changes incident to thought; the latter to the assumption of greater undertakings in the government of the world. Expansion is growth and growth is expansion. When we cease to expand or grow, we commence to decay. This is as true with the mind as with governments.

To circumcise girls is, to a host of physicians, an idea as foreign to their conception as the solution of perpetual motion. In the reports of cases in the *Jaurnal of Orificial Surgery* we seldom hear of circumcision of girls. Often we do see in girls that same peculiar look and characteristic symptom of orificial irritation, so easily detected by the trained eye of the experienced physician. What are we to do? The symptoms of nervous irritation manifested indicate some orificial trouble, but the child is a girl and we are barred as it were from performing a humane act, because our biological conception of development in the case at hand is not in accordance with pre-existing teachings. The correct thing to do is to at once relieve the hood of the clitoris if bound down, and if necessary trim off the edges of the hood, just as you would the foreskin of the male, the result will demonstrate the wisdom of your procedure.

Prejudice and ignorance are the great bariers to human progress. They are exceedingly closely united; in fact the attributes of each blend so beautifully and harmoniously that it is almost impossible to draw the line where the one begins and where the other disappears. Prejudice is a product of education. Ignorance is a product of neglect of education; yet one is the complement of the other.

I am an expansionist. To expand the orifices of the body flushes the capillaries, aids in throwing off the effete matter lying dormant in the skin, and gives vigor to the whole economy. New life and new growth are installed. We must move on; stagnant pools become infected with infusoria—disease and death lurk in their domain. The mighty ocean purifies itself by its ceasless ebb and flow. We must expand or die of inaction. Health and not disease is contagious, if we act in accordance with the laws of nature. When Robt. G. Ingersol said that if he had the making of the world he would make health catching instead of dis-

ease, he was evidently of the impression that what he said was the truth; but, as usual, the great agnostic was far from the true principles of life. Health is the rule, disease is the exception. We do not catch disease, but allow ourselves to deviate from health's well known rules; hence we fall into all kinds of quagmires and uncongenial climes.

Anti-expansionists, whether they refer to orificial expansion or teritorial expansion, are radically wrong; and we need only to point to the medical history of twenty-five years ago, to prove the former, and to the records of the United States Senate to prove the latter.

To be more practical, will give the following incident to illustrate my ideas. Child, eighteen months old, female, nursing the breast, pale and delicate looking, poor development in body and mind; has had a severe cough for four months, bronchial rales distinct. Parents had child measured for "flesh decay;" drugs had been administered galore all to no avail. When I was called I never saw a more pitiable sight, but at once recognized that the nerve waste was greater than the limited amount of vitality the child possessed could stand. Without parleying long I at once examined the clitoris and found it so small and contracted that at first sight there seemed to be none; but on close examination, found hood bound down, beneath which was a darkened chunk of smegma which I removed and broke up the adhesions. A few general directions as to hygiene were given the parents. One month later child bright and healthful; lungs free from mucous rales; cough almost gone and a general improvement due to increased energy of all the vital forces

What caused this marked change in so short a time? It was not due to drugs, as months of medication had made no change for the betterment of the child's condition, other than to irritate the stomach.

Tens of thousands of children are suffering from a similar cause to-day, a great majority of whom could be relieved, and instead of growing up to manhood and womanhood depleted of the energy so necessary in the struggle for existance, they would be strong and vigorous and able to grasp the higher life so needful for perfect enjoyment.

The almshouses, penitentiaries and insane asylums, instead of being overcrowded as they are now, would be ample to accommodate the few unfortunates who, through circumstances over which they have had no control, are reduced to penury and want which leads to crime and degenerate habits.
—*Journal of Orificial Surgery.*

ACTIVE SOLICITORS WANTED EVERYWHERE for "The Story of the Philippines," by Murat Halstead, commissioned by the Government as Official Historian to the War Department. The book was written in army camps at San Francisco, on the Pecific with General Merritt, in the hospitals at Honolulu, in Hong Kong, in the American trenches at Manila, in the insurgent camps with Aguinaldo, on the deck of the Olympia with Dewey, and in the roar of battle at the fall of Manila. Bonanza for agents. Brimful of original pictures taken by government photographers on the spot. Large book. Low prices. Big profits. Freight paid. Credit given. Drop all trashy unofficial war books. Outfit free. Address, H. L. Barber, Gen. Mngr., 356 Dearborn Street, Chicago.

The Treatment of Suppuration by Bicarbonate of Soda.

Brucker (*These de Bordeaux*) has made a study of a fact observed by himself, namely, the influence of the reaction of the blood in the healing of certain conditions. Bearing in mind that the normal alkalinity of the blood shows important variations according to sex, age and as to whether the blood is arterial or venous in origin, and the diet to which the patient has been addicted, and that in certain pathological conditions these variations are very marked, so that a reduction in the normal alkalinity is observed in certain cases of febrile action due to bacterial intoxication, he has found that certain artificial intoxications can be combated by raising the alkalinity of the blood by the injection of alkaline serum. Going on these grounds, Brucker has principally investigated the influence of alkaline dressings in the treatment of local inflammatory affections, and according to his observations, such a dressing, whether moist or dry, very rapidly reduces the inflammation, suppurative or otherwise, and causes rapid healing of wounds. This seems independent of any antiseptic property in the proper sense of the word. The method employed by him is to apply the dressing of absorbent wool on ordinary principles, using merely a two per cent solution of bicarbonate of soda, or in some cases vaseline and bicarbonate (1 in 25), or the soda may be applied directly in the form of a powder. He finds that strong solutions do not act more quickly than a two per cent, showing that the chief agent is the alkali, and not any antiseptic principle. The same method may be applied for purulent otitis, etc.—*British Medical Journal*, June 13, 1898.

Auto-intoxication in Epilepsy.

Solaro (*Rif. Med.*), in a synthetic review of recent opinions on this question, finds probable evidence of auto-intoxication in the phenomena of the aura, in the supervention of dementia, in the dyspeptic disorders which often precede an attack of epilepsy, for example, vomiting, fetor of breath, constipation, diarrhœa, slight icterus, etc. So also the sphygmographic changes observed in the blood tension before and during an attack may be referred to toxic influences. The toxicity of the urine was found by Voisin and Petit to be less during the attack and greater after. Krainsky found that for one or two days before an attack the elimination of uric acid in the urine was lessened, whilst immediately after an attack it was increased. This was so constant a phenomenon that attacks could be predicted or dingnosed afterwards from the examination of the urine with regard to the uric acid. The actual substance causing an attack according to Krainsky is carbaminate of ammonia. Indican and acetone have also been suggested as epileptogenic poisons. The serum of the blood of epileptics has a strong toxic action during the attacks. Treatment addressed to the eliminating organs, to the digestive tract, receives fresh sanction on the view that auto-intoxication plays no inconsiderable part in the production of the epileptic attack. The *role* of the bromides in calming the cerebral irritability is in no way lessened by laying stress upon the importance of getting rid of toxic substances in the organism.—*British Medical Journal.*

Maclean Hospital Reports.

H. T. WEBSTER, M. D., San Francisco, Cal.

Maclean Hospital continues, despite adverse circumstances, to give a good account of itself. During February last the number of patients upon its roll averaged twenty-four, the best showing of any month during its history. Outside of the regular staff of physicians, patients were brought by Drs. Campbell, Forster, West, Thompson, Feemster and Speiss. The first week in March Drs. Van Male and Field brought representatives from their localities. We highly appreciate the efforts of our physicians all over the State in onr behalf, and substantial gains bespeak a substantial hospital fund which signifies perpetuity and honor for the Institution.. Brief reports of cases admitted since August 12th last are appended. It is to be regretted that more complete reports of some of these cannot be supplied for publication by those in attendance, as they are many of the intensely interesting. At a later period the writer hopes to be able to devote time to complete accounts of some of them.

Dr. Logan, Aug. 20, Mr. M., chronic cystitis. Discharged in two weeks, much benefited.

Dr. Gere, Aug. 22, infant with cleft palate. Operation.

Dr. Bond. Aug. 24, Mr. D., sarcoma of testicle. Operation consisting of ablation, slow but perfect healing. Patient discharged fourth week.

Dr. Maclean. Aug 23, Mrs. B., trachelorrhaphy. Patient remained two weeks and was discharged in excellent condition.

Dr. Harvey, Aug. 25th, Mrs. W., cystic degeneration of ovaries. Removal.

Dr. Harvey, Aug. 25th, Miss M., ventral fixation for prolapsus uteri. Successful results.

Dr. Bainbridge, Aug. 29th, Mr. V., cataract. Extraction with flattering results.

Dr. Maclean, Aug. 31st., Mr. D., multiple lymphatic tumors in the anterior cervical triangle. Removal by incision and dissection, with favorable results.

Dr. Maclean, Sept. 25th, Mrs. T., uterine carcinoma. Removal of cervix and application of grindelia robusta were followed by flattering results, patient discharged much improved in five weeks.

Dr. Crawford, Sept. 6th, Mrs. D. Septic peritonitis with grave symptoms. Abdominal incision with thorough cleansing of septic cavity. Patient recovered within four weeks.

Dr. Gere, Sept. 6th, Mrs. B., cystic degeneration of peritonæum, with accumulation of serous fluid. Evacuation with insertion of tracheotomy tube for permanent drainage.

Dr. Vandre, Sept. 12th, Mrs. A., procidentia uteri. Operation consisting of kolpoperineorrhaphy. Patient, who was advanced in years, recovered from procidentia, but developed an obscure cerebral trouble apparently due to the

prolonged anesthesia, and death followed within six weeks.

Dr. Logan, Sept. 13th, Mrs. K., gastric disturbance with suspected carcinoma. Patient departed at the end of the fourth week somewhat improved.

Dr. Webster, Sept. 14th, Mr. W., insipient phthisis. Patient returned home in the Eastern States the second week.

Dr. Logan, Sept. 15th, Miss J. general debility:

Dr. Maclean, Sept. 15th, Mrs. T., procidentia uteri. Ventral fixation and rectal surgery. Highly satisfactory results at the end of four weeks.

Dr. Maclean, Sept. 19th, Mr. Y. Whitehead operation for aggravated case of hemorrhoids. Completely satisfactory results two weeks afterward.

Dr. Webster, Sept. 22d, Mr. E., pulmonary hemorrhage with suspected tuberculosis of lung. Patient went away at end of first week.

Dr. Wilcox, Sept, 23d, Miss S., old dislocation of head of radius, upward and forward. Amputation of head of radius was necessary to reduce the deformity and permit of free flexion of of the arm. Good results reported later.

Dr. Townsend, Sept. 25th, Mrs. P. old pilvic abscess, with acute aggravation. Medical treatment benefited the patient so much that she departed in fairly good health at the end of four weeks.

Dr. Maclean, Sept. 26th, Mrs. F., dilatation and curettement of uterus.

Dr. Maclean, Sept. 28th, Mrs. K., trachelorrhaphy and rectal surgery.

Dr. Enos, Sept 28th, Miss N., curettement.

Dr. Daly, Oct. 1st, Mr. D., caries of spine with extensive burrowing of pus in the muscles of the back. Attended by Dr. Gere. Patient much improved at the end of sixth week, though very anæmic at first. Purulency nearly arrested.

Dr. Schultz, Oct. 4th, Mrs. J., Histerectomy. Operation by Dr. Gere. Highly satisfactory results.

Dr. Enos, Oct. 6th, Mr. E., acute phthtsis. Death in eight weeks.

Dr. Webster, Oct. 7th, Mr. D., scurvy, contracted in Alaska. Patient already much improved on lime-juice, but desirous of resting and taking strengthening treatment. Left much improved at the end of a fortnight.

Dr. Mattner, Oct. 7th, alcoholic dementia. Patient worked in a liquor store. Digitalis and passiflora. Two weeks restored patient to his natural mental equilibrium.

Dr. Webster, Oct. 11th, Mrs. W., chronic sciatica. Still in the Hospital though considerably improved.

Dr. Forster, Oct. 18th, Mrs. S., dilatation and curettement.

Dr. Webster, Oct. 24th, Mrs. C., stricture of sigmoid flexure with rectal disease presumably of malignant character. Patient suffered with severe dyspeptic symptoms and constipation. Treatment benefited and patient departed at Christmas time in tolerably good spirits.

Dr. Huckins, Oct. 25th, Mrs. H., rectal pockets and papillæ removed for relief of severe pain in splenic region of long standing. Not much relief.

Dr. Enos, Oct. 24th, Mr. G., psoas

abscess; remained six weeks and left some better, though not cured. Reported worse a few weeks later, after which he departed for his home in the East.

Dr. Mattner, Mr. A., compound fracture of leg and dislocation of shoulder from fall. Removed nearly well at end of third week.

Dr. Gere, Oct. 25th, Mr. S., urethral stricture located in perineal region and of long standing. Perineal section and division of cicatricial tissue. Stubborn resistance to healing. Patient remained two months.

Dr. Gere, Mrs. D., trachelorrhaphy and rectal operation. Successful results.

Dr. Gere, Oct. 26, Corporal C., U.S.V., recently discharged. Strained leg. Rhamnus cal. and massage completely relieved the first week.

Dr. Mattner, Oct. 28th, Miss M. No record.

Dr. Gere, Oct. 29th, Mr. and Mrs. D. Husband rectal operation, wife uterine curettement.

A Speedy Method of Dilating a Rigid Os in Parturition.

Dr. Farrar, Gainsborough (*Brit. Med. Journal*, Sept. 17th), describes "a new and speedy method" of dilating a rigid os. He had been in attendance on a primipara off and on for forty-eight hours, and yet at the end of that time the os was not larger than a shilling, and felt very much like a circle of sheet tin. The patient was losing self-control, and as chloroform was contra-indicated, he had decided to incise the margin of the os, and before doing so applied a local anæsthetic—cocain, 10 per cent solution—both outside and inside the os. After waiting four minutes he prepared to use the scissors to the margin of the os, and was agreeably surprised to find that "the os had not only lost its rigidity, but that it was widely open and as flexible and distensible as a rubber bag."

Fearing that there was something of "the accidental" in this case, he kept a sharp look-out for the next rigid os, and the cocain acted in a similar manner a few months later.

He then brought the two cases to the notice of the Obstetrical Society of London. Now he adds three additional cases, in all of which the cocain acted within four minutes, and in which there could be no reasonable doubt that the result was due to the cocaine. In cases of undoubted rigidity, the result of active physiological causes, he does not expect to find failure. "Try it for yourselves and report the result."

—*Canadian Practitioner and Review.*

Keeping at It.

By means of auto-suggestion we strengthen our minds; by means of food and drink we strengthen our bodies; by means of an obedience to the laws of hygiene we preserve the health that has been restored; but let none suppose that with restoration to health the work of auto-suggestion is ended.

It is necessary to continually watch

the working of the machinery; to minimize friction, to promote smooth working, and under no circumstances will the machine continue untended or unwatched to perform its work to the best advantage. Therefore, in pain be ready to use auto-suggestion; in mental depression distract the attention from self, and use auto-suggestion to bring about a more healthy frame of mind. In disorders of digestion, constipation, etc., use a little common sense in the choice of foods, and balance nitrogenous matter with fruits in plenty.

But keep going with auto-suggestion don't leave yourself unwatched altogether, expecting that you have earned a rest. The time required is very small; but it must be given every day, regularly and ungrudgingly.

It means continued health, just as a garden which is kept in good order by daily attention requires but a few minutes each day of the gardener's time to preserve its beauty, while the monthly clean-up of the neighbor's neglected plot is a serious and severe undertading.—*Suggestive Therapeutics.*

Carbolic-Acid Poisoning.

In a case of carbolic poisining by vaginal douches the patient felt extreme burning as soon as the syringing was begun; nevertheless, the entire fountain bag was allowed to empty itself. In a few minutes the patient complained of agonizing pain all over her pelvis, and began to shriek from suffering. On examination the tissues were found to be very tender to the touch and large eschars appeared wherever the solutian had touched the skin.

Treatment.—The patient was immediately syringed with a warm solution of sodium sulphate, 1 drachm to the pint and cloths saturated with the same solution placed on her blistered thighs, etc. Within ten minutes she felt somewhat relieved, and in thirty minutes all pain was gone. Saturated cloths were kept on the blistered parts all night, and next day the patient was perfectly well.

Sodium sulphate forms with carbolic acid sulpho-carbolate of sodium, which is soothing in effect and prevents the carbolic acid from doing further damage.—B. Weiss (*New York Med. Jour.*)

Umbilical Cord, Treatment of.

The following method of treating the stump of the umbilical cord has been employed successfully in two hundred cases. It consists in wrapping the stump of the cord in cotton soaked with alcohol. When it is possible to obtain it, pure alcohol should be employed. A thin layer of cotton is placed over the whole. The advantages claimed for this method are the fact that the cord dries absolutely in an aseptic condition, that suppuratien does not occur, and that the cord promptly separates.—Budberg (*Centralb. f. Gynak.*)

ACTIVE SOLICITORS WANTED EVERYWHERE for "The Story of the Philippines," by Murat Halstead, commissioned by the Government as Official Historian to the War Department. The book was written in army camps at San Francisco, on the Pacific with General Merritt, in the hospitals at Honolulu, in Hong Kong, in the American trenches at Manila, in the insurgent camps with Aguinaldo, on the deck of the Olympia with Dewey, and in the roar of battle at the fall of Manila. Bonanza for agents. Brimful of original pictures taken by government photographers on the spot. Large book. Low prices. Big profits. Freight paid. Credit given. Drop all trashy unofficial war books. Outfit free. Address, H L. Barber, Gen. Mngr., 356 Dearborn Street, Chicago.

DEPARTMENT OF

Single Remedies.

Edited by O. S. LAWS, M. D., Los Angeles, Cal.

Lobelia.

"Well, why don't you give us something we don't know?" will be remarked all along the line; and that is the very thing I propose to give you. I remarked to Dr. Welch recently that I was thinking of writing on the uses of lobelia that seemed to be unknown to many of our younger doctors, and he urged me to do it, and he consented, at my request, to follow with some of his experiences in its use.

The older doctors considered lobelia not only non-toxic but a general antidote for all poisons, external and internal. I shall only mention a couple of cases, so as to draw out Dr. Welch.

My father was a school teacher and botanic doctor, and one day, two miles from home, he dug up a plant supposed to be anise and chewed a piece of the root, and was not particular to spit it all out. Shortly he felt sick and made efforts to vomit. Cramping pains were terrible. Frothy mucus streaked with blood was frequently thrown up from the stomach. He told my older brother to run home and tell his mother to prepare to give him an emetic.

Father, upon his horse with me behind him, got within fifty yards of home, when he become unconscious and fell to the ground upon his shoulder breaking his collar bone. Several men in an adjacent field soon came and carried him into the house, apparently dead. Mother was ready with her lobelia, but the men said "he is lifeless and his jaws are set, nothing can be done now." She then tried to force his jaws apart, but she could not, so she made a funnel out of his cheek by inserting her finger, and commenced to pour in the lobelia preparation by the tablespoonful, which seemed to all run out; but she kept at it till finally there was a slight relaxation, and some was swallowed. On she went till deglutition became frequent, respiration was noticeable at long intervals, and many signs of returning life, till finally the stomach began to send back some of its contents. From that on the recovery was rapid. He afterwards learned that he had been chewing a root of the "cow parsnip."

All will admit that the lobelia was the emergency remedy; but how did it do the work? By its emetic action or by antidoting the poison? I say both, but chiefly the latter, for much of the restoration was apparent before vomiting began. Let every doctor who thinks he could improve on my mother's treatment of that case, please report his method to OUR JOURNAL.

The only other case I shall speak of now was in 1888. I was called to an old soldier who was fairly boiling from head to foot with tetanoid spasms. The "Health doctor" had done his best to relieve him, but failed after several hours' effort. He left with the remark that the man could not live twelve hours. After a very brief examination I put ʒi spec. lobelia into half a teacup of warm water and gave teaspoonful doses every five minutes for a few times. The intervals were gradually length-

ened as the turbulent muscles became quiet and the fearful grinding of the teeth ceased. Within an hour he could control himself completely, and by the use of the same remedy every two hours in day time he lived thirty days, and died without a spasm.

The cause of all the trouble was blood poison from an internal ulcer. I found a hole close to the sternum with pus oozing out constantly. Possibly echafolta might have cured him; but that was before echafolta was born. How was it possible for lobelia to control that case except as an antiseptic?

College Notes.

C. M. C.

The mid-term vacation is over and the students are all back again. The seniors made good use of the week preparing for their final examinations. A good many students question the advantages of this vacation, but it certainly breaks the monotony of the long seamster and gives us an opportunity to review the past work.

The Associated Students have succeeded in partially furnishing a suite of rooms on the second floor and all are well pleased with the comfort afforded. There is talk of the formation of a quartette next year and entertainments at regular intervals. It would be a good thing for all the students to thus get out of the old ruts and wear off the corners.

The Phi Delta boys are already making plans for their annual reunion and banquet. They don't say much but it is plain to see "there's something doing."

Duff, '00, spent the vacation at Maclean Hospital.

Wilcox, '99, in care of friends, took a bicycle trip to his parents' ranch near Geyserville. He is now reduced to a comfortable weight.

Encouraged by the great success of their first musicale and hop, the class of '00 intend giving another before the close of the term. The class has a well earned reputation as entertainers, and its members work in unison, which is in itself a guarantee of a pleasant evening.

Bolton and Bond, '99, spent the vacation visiting relatives in Healdsburg. They wheeled both ways and over much of the surrounding country, and report a most emjoyable trip.

TENACULUM.

Medical Societies.

Announcement

of the Twenty-sixth Annual Meeting of the Eclectic Medical Society of the State of California, which will convene in San Francisco, Tuesday, Wednesday and Thursday, May 23rd, 24th, 25th, 1899.

Officers.

President:
CHAS. MEALAND, M. D., Sacramento

Vice-Presidents:
H. T. WEBSTER, M. D., San Francisco
E. R. COUTURE, M. D., Auburn

Recording Secretary:
B. STETSON, M. D., Oakland

Corresponding Secretary:
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Treasurer:
H. W. HUNSAKER, M. D., San Francisco

Board of Censors:
G. HENRIKSON, M. D., Sacramento
H. L. HAMILTON, M. D., Colusa
J. R. GOODALE, M. D., Oakland

Let all plan to be present, and let us have in the metropolis of our State a meeting prolific of good to our cause and one of which city and country members may feel justly proud.

Section Officers.

SEC. I—PRACTICE OF MEDICINE.

President, F. G. Fay, Sacramento
Secretary, H. L. Hamilton, Colusa

SEC. II—MATERIA MEDICA.

President, F. P. Bullington, Gridley
Secretary, F. C. Piersol, Mendocino City

SEC. III—SURGERY.

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SEC. IV—OBSTETRICS.

President, W. A. Harvey, San Francisco
Secretary, M. Silva, Sacramento

SEC. V—GYNÆCOLOGY.

President, A. W. Bixby, Watsonville
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SEC. VI—PEDIATRICS.

President, J. C. Pierce, Sebastopol
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SEC. VII—OPHTHAL'GY, OTOLOGY, & LARYNGOLOGY.

President, J. C. Bainbridge, San Francisco
Secretary, A. E. Ormsby, Tehachapi

SEC. VIII—ELECTRO-THERAPEUTICS.

President, M. H. Logan, San Francisco
Secretary, L. T. Wade, Gaudaloupe

SEC. IX—SPECIAL TOPICS.

President, O. C. Welbourn, Long Beach
Secretary, H. S. Turner, Pomona

Tri-State Medical Association.

Memphis, Tenn., Feb. 13th '99

EDITOR CAL. MED. JOUR.,

Dear Sir: At the regular annual meeting of the Tri-State Medical Association, of Mississippi, Arkansas and Tennessee, held in Memphis, December 20th, 21st and 22d, 1898, the following resolutions were adopted:

Richmond McKinney, M. D., Sec.

"Whereas, the medical laws of the various States have been so perverted by political influence as to give legislative sanction to grotesque, ignorant and dangerous sects of pretenders and charlatans: and

"Whereas, the privileges granted to one of the most outrageous aberrations, namely, the so-called osteopathy, constitute a disgrace to the States in which the "osteopathists" are legally intrenched: and

"Whereas, a certain William Smith, osteopathist, having been roundly denounced, together with his sect, by Parke, Davis & Co., and the *Medical Age*, now brings suit against both for $25,000.00 damages: therefore,

"Be it declared the sentiment of the Tri-State Medical association, of Mississippi, Arkansas and Tenessee, that Parke, Davis & Co., and the *Medical Age* are entitled to the sympathy of its members and of all medical practitioners; that we wish and expect them to enjoy a complete triumph in repelling this legal assault; and that wheresoever a powerful House takes a bold stand in opposition to quackery it promotes the interests of legitimate and honorable medicine and the welfare of humanity."

Preliminary Program for the Columbus Meeting of the American Academy of Medicine.

The Committe on Program for the Columbus meeting is much encouraged by the promises made to present papers. It is desired to restrict the number of papers in order to afford ample time for discussions; hence it is requested that any one who is purposing to present a paper at the next meeting, promptly notify a member of the committe of the fact.

The annual meeting of the Western Ophthalmologic and Oto-Laryngologic Association was held in New Orleans, Feb. 10th and 11th. Owing to the unavoidable absence of the president, Dr. J. Elliott Colburn, of Chicago, the first vice-president, Dr. W. Scheppegrell, of New Orleans, presided. Two joint sessions and three sessions of the ophthalmological and oto-laryngological sections respectively were held and many important papers read and discussed.

The following officers were elected for the ensuing year: Dr. W. Scheppegrell, of New Orleans, president; Dr. M. A. Goldstein, of St. Louis, first vice-president; Dr. H. V. Wurdemann, of Milwaukee, second vice-president; Dr. E. C. Ellett, of Memphis, Tenn., third vice-president; Dr. F. C. Ewing, of St. Louis, secretary; Dr. W. L. Dayton, of Lincoln, Neb., treasurer.

A Shifting Cargo.

A man can struggle on beneath
A great big load of sin,
If too much of it isn't whis-
Ky, beer or wine or gin.

When Papa's Sick.

When papa's sick, my goodness sakes!
Such awful, awful times it makes,
He speaks in oh! such lonesome tones,
And gives such ghastly kind of groans,
And rolls his eyes and holds his head,
Then shucks his clothes and goes to bed;
While Sis and Bridget run to heat
Hot water bags to warm his feet,
And I must get the doctor quick—
We have to jump when papa's sick.

When papa's sick ma has to stand
Right by his bed and hold his hand,
While Sis she has to fan and fan,
For he says he's "a dyin' man,"
And wants the children round him to
Be there when "sufferin' pa goes thro'."
He says he wants to say good-by
And kiss us all—his "breathin's thick"
It's awful sad when papa's sick.

When papa's sick he acts that way,
Until he hears the doctor say,
"You've only got a cold, you know,
You'll be all right 'n a day or so,"
And then—well say, you ought to see!
He's different then as he can be,
And growls and swears from noon till night
Just 'cause his dinner ain't cooked right,
And all he does is fuss and kick—
We're all used up when papa's sick.

Southwestern Progressive Med. Journal.

True Worth of the Appendix.

The eminent surgeon closed up his pocket book with a snap on the $100 fee a wealthy patient had just paid him for a successful operation for appendicitis. "Tell me the appendix vermiformis is a useless organ."—*Public Health Journal.*

CALIFORNIA MEDICAL JOURNAL.

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DR. C. N. MILLER, Managing Editor.

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EXPRESSION IS ESSENTIAL TO GROWTH. WE CORDIALLY INVITE ALL ECLECTIC PHYSICIANS WHO WOULD KEEP ABREAST WIEH THE TIMES TO MAKE FREQUENT USE OF OUR COLUMNS.

To insure accuracy, employ the typewriter when possible. Otherwise prepare manuscript with care, re-writing when necessary; be kindly thoughtful of the Editor and compositor, and do your own drudgery—time is money.

This JOURNAL will be issued on the first day of the month.

Let all communications be addressed and money orders be made payable to the

CALIFORNIA MEDICAL JOURNAL,
1422 Folsom Street,
San Francisco - - - California.

Editorial.

The Remedies We Use.

Many physicians, after a few years of practice, decide upon a certain limited number of remedies and find them adequate for the treatment of their sick, and medical men of equal intelligence and practice are successful in similar cases with different remedies. This statement holds good even if they practice according to the principles of specific medication.

A very superficial inquiry will show that all physicians do not follow specific indications as set down in the books but they have their own ideas of indications which may differ from those in books and from those of their brother practitioners. For instance, there are physicians that never use aconite, while there are others who feel they could hardly practice without it; there are those who never administer veratrum, but meet its indications with something else; macrotys is totally absent from the materia medica of some successful doctors, who never prescribe the medicine which seems to me almost indispensible.

It would be interesting to learn just how many Eclectic practitioners agree as to the indications, dose and results of any given remedy. Such knowledge might be obtained by correspondence. Of course this would require time and expense, besides doctors do not kindly regard a personal cross-examination, still with patience and persistence something might be learned.

Sometime since, a number of letters were sent to neighboring physicians asking a few questions in regard to a certain remedy. No answer was received from about half of those addressed. Several replied that they were too busy to answer, others that they had never used the remedy and therefore knew nothing about it. Complete answers were received from twenty. Upon comparison there was a distracting conflict of opinion, and but five of the entire number, in a manner, agreed. Quite frequently a remedy is introduced to the medical profession with a great flourish of trumpets, the reading, and perhaps the advertising, pages of journals are replete with reports upon the extraordinary virtues of the agent; but in a few months the drug drops out of notice and is forgotten, it has failed to fulfill the promises made for it, exaggeration has killed it.

It is surprising what an amount of rubbish there is in our materia medica and a medical club should associate themselves for the purpose of eliminating this. Who will join? L.W.

Crossing of Motor Fibers, and Why.

H. B. CROCKER, C. M. C., 1900

By the latest methods of physiological research, such as section of nerve fibers, removal of cortical substance, electrical stimulus, degeneration, etc., we have learned of the existance of many interesting structures of nerve tissue, and perhaps none of more interest to the physiologist than the decussation of the anterior pyramids.

However when we assume to give a reason for this complex arrangement of efferent fibers, we undertake an intellectual task which can, with our present imperfect knowledge, result only in a theory.

Physiologists agree that the crossed pyramidal tracts form the chief connection between the motor areas of the cortex and the spinal motor cells and centers; also that they convey impulses through these centers exclusively to the voluntary muscles. The motor area of the cortex has been proven to be, not the origin of these impulses, but only a link in a complex chain which we call collectively, "will." Now one of the chief factors in skilled muscular exhibition of nervous impulse is not only a properly developed muscular sense but a normal activity of all the special senses in more or less degree. Thus a blind man can be distinguished at a distance by his peculiar undecided gait; a child, as yet untrained, cannot move his hands or feet with the easy grace of an adult. The muscular sense has not yet developed sufficiently to regulate the motor impulse; and so we might give many illustrations of the governing power of the senses over voluntary movement.

We find that a certain portion of the afferent or sensory fibers also cross before their termination in the encephalon; and it seems probable that some motor fibers decussate because the sensory fibers from corresponding parts reach the opposite hemisphere. In this way, the local sensation, muscular sense or whatever this governing impulse may be termed, reaches the same hemisphere from which the motor impulse emminates.

We gain some strong evidence in support of this theory from the comparative development of the pyramidal tract in man and the lower vertebrates. In man with his complex muscular mechanism, with all its possibilities of delicate movement we find the greatest development of the crossed pyramidal tract. Next to man is the monkey which can so cleverly imitate the movements of man, and so on down the scale we find the size of the crossed pyramidal tract diminishes in a direct ratio to the decrease in complexity of muscular mechanism and delicacy of movement.

"The Direct Pyramidal Tract."

Another Explanation of its Destination.

GEO. G. REINLE, C. M. C., 1900.

Much has been said and written about the direct pyramidal tract, and it has been supposed heretofore that the direct tract proceeded from the

cortex of the hemispheres, passed through the corona radiata, internal capsule, and crus cerebri, as far as the medulla; but, instead of crossing in the medulla, as do the crossed tracts, they descended upon the same side through the medulla and anterior columns (columns of Turck) of the spinal cord, as far as the mid-dorsal region, and what became of them there was unknown.

According to Morris* they reach the opposite side of the cord by passing through the anterior white commissure and terminate, as do the crossed tracts, in ramifications around the motor cells of the anterior cornu. This verifies the results obtained by various experimenters (Van King, Brown Sequard, Vulpian) who have found, that in animals, a division of one lateral half of the spinal cord in its upper portion was followed by a certain degree of paralysis on the opposite side. Therefore, a lesion upon one side of the cord in its upper portion may not cause complete paralysis of the upper limb of the same side, as it may recieve motor impulses transmitted by the direct tract of the opposite side.

In the above, I have attempted to show the very important fact that both tracts ultimately reach the same side of the body, but by different routes.

Prescriptions in English.

In his paper on Prescriptions, in the present issue, Dr. Troppmann recommends the writing of Eclectic prescriptions in English. We heartily agree with this decision. Eclectic remedies are given to accomplish direct results, and when properly selected they succeed. There is nothing to conceal from the patient, nothing that need be mystified; a few words of rational explanation will add a greater force to the "suggestive" power of a remedy, if that besaught, than will be gained in the same direction by mummery.

Eclectic remedies are like food, they supply to the system something that it needs, and like food they will bear acquaintance. If a patient needs porterhouse steak, lamb chops or a spring chicken, how silly it would seem for a doctor to gravely and mysteriously scribble a piece of paper all over with unknown scrawls and solemnly order it taken to the butcher, not permitting the patient to know what was prescribed. Chops and tomato sauce will do their work if the system needs them, even if the patient does know what he is taking. This is also true of other Eclectic remedies.

*Morris' Human Anatomy, 1899, p. 741.

Too Much Law.

ED. CAL. MED. JOUR.: A few days since a copy of OUR JOURNAL (Jan. no.) was handed me by Dr. Veser, of this City. I read with much interest your article on "Should there be a law to Regulate the Practice of Medicine?" if there ever was a "knock out" argument offered in the negative to this proposition, you certainly dealt it in your keen effort. It is to be regretted very much that a copy of that article is nct in the hands of every member of our legislatures and examining boards throughout the land, especially in this state (Washington) and other states

having a similar law governing the practice of medicine. In Ohio and many other states, if a physician holds a diploma from one or more recognized medical institutions, he is merely requested to register and go his way rejoicing, but in this state and in some others I might mention; being armed with a dozen diplomas and certificates, counts for naught.

A physician coming into a state having such a law must appear before an august body, composed in many instances of men whose medical credentials are of a doubtful complexion, and be subjected to an examination on technical questions gotten up seemingly to puzzle applicants.

This state of affairs is much to be regretted, but I am at a loss just how the wrong can be righted. You have at least set the "ball a rolling" in the article above referred to.

I came here from Ohio last August, intending to establish a surgical sanitarium here in Seattle, having disposed of my sanitarium at Sandusky, Ohio, last spring, but buildings suitable for sanitarium purposes are a scarce article here at present. A building will have to be erected to meet my requirements.

There is a growing demand for intelligent Eclectic physicians throughout the western states, and if OUR JOURNAL henceforward proves as readable as the Jan. number, it certainly merits a place on every physician's table. I shall be pleased to receive the JOURNAL from the Jan. no. on, and you can draw on me at any time for the subscription price.

Very respectfully,
Dr. B. R. Hubbard.

"The Coming Age."

The above is the title of a new magazine, published in Boston, Mass. Editors: B. D. Flower, founder of the *Arena*, and Mrs. C. K. Reifsnider. It is progressive, actively reformatory and right up to date. Some of the best writers and most clever thinkers of the day are on its staff. Among them we notice the name of Prof. J. U. Lloyd, who has a paper in the current month, April, entitled, "Do Physicians and Pharmacists Live on the Misfortunes of Humanity?" The paper is worthy of careful reading; the manner in which he handles the subject will probably interest professional people more than any other ethical paper announced for years. The subscription price is $2.00 per annum. Single copies, 20 cents.

Osteopathy.

DEAR EDITOR: Enclosed you will please find a draft for $1.50, which squares my account with you to Jan. 1st, 1900.

Please send my JOURNAL to Long beach, Cal., as this is my home. My brother and I still have an office at Los Angeles where we treat chronic and nervous diseases only, by manual treatment, without the use of drugs.

Osteopathy is a misnomer, it would be better named Manual Therapeutics. After having taken a thorough course in this new science, and employing its principles in the treatment of chronic and nervous diseases, chiefly, for nearly three years, I shall soon be able to make a report on this method of treatment. It is an adjunct in the realm of therapeutics to what we already know,

and, being Eclectics, we have a right to employ its principles in the treatment of disease.

Very respectfully,

B. W. Scheurer, M. D.

Hypnotism.

Salem, Oregon, Mar. 19, '99

DEAR EEITOR: I have recently made what I think two permanent cures of the morphine habit; one case of two years' standing and using a 3iss per day, was perfectly cured in ten days, well as the tobacco chewing and cigarette smoking habit in the same patient. I simply hypnotized him twice daily, making the proper suggestions to him each time, and giving good food and a bracing tonic, which was not an antidote for either morphine or tobacco (except in his mind).

I believe we have, in this line of therapy, a great field for investigation and I believe our colleges should be the prime movers in recognizing and teaching the science. I should be pleased to have opinions of it through the JOURNAL.

Yours fraternally,

W. S. Mott, M. D.

The Tongue.

Numerous as are the tongue indications by writers, there is one I have never seen mentioned, and would like some light upon it. It is a deep scarlet tongue that often looks hard and creased in all directions. Let some bright doctor of experience please tell us what it means in OUR JOURNAL. I have found it more frequently in California than elsewhere.

Ovid S. Laws, M. D.

Psalm of Life—Up to Date.

Lives of doctors all remind us,
  Editors don't stand no chance,
As we write there grow behind us,
  Thiner places on our pants.

Ah! those pants, once black and fuzzy
  Now they shine with rainbow hues,
All because the doctors linger,
  Linger, mind you, with their dues.

Doctors then, be up and—duing,
  Due your duty, dues are small,
If you due not, doctors—Save us!
  We shall have no pants at all.

Bereaved.

We learn from an Eastern paper of the death of Mrs. Olive Estelle Tuttle, wife of Dr. Wm. L. Tuttle, of 54 West 126th St., New York. Death resulted from pulmonary apoplexy, following pleuro-pneumonia of but two days' duration. In October of last year the merriage of this couple was announced in OUR JOURNAL. The deceased was active in the community in all good works and was widely known and loved. We offer to the stricken husband our heartfelt sympathy.

Club Rates for 1899.

California Medical Journal, San Francisco, renewal, $1.50; new subscriber, $1.50. American Medical Journal, St. Louis, renewal, $1.80; new subscriber, $1.60. Eclectic Medical Journal, Cincinnati, renewal $1.80; new subscriber, $1.60. Medical Gleaner, Cincinnati, renewal 90 cents; new subscriber, 85 cents. Chicago Medical Times, renewal, $1.80; new subscriber, $1.60. Georgia Eclectic Medical Journal, At-

lanta, renewal, 90 cents; new subscribers, 85 cents. Southwestern Progressive Medical Journal, Rogers, Ark., renewal, 90 cents; new subscriber, 85cts.

Publisher's Notes.

Child's Laxative.
(Waterhouse)

Each tablet contains one grain each, Senna and Rhubarb, with Sugar and Wintergreen.

Dose.—1 to 3 for a child, or 3 to 6 for adults.

This is a fine cathartic, and as attractive as candy.

Price, lb. $1.20, postpaid.

Salo-Sedatus.

I have used Salo-Sedatus, and find it as good as recommended. Indeed, it is the best fever and pain remedy I have ever used. G. M. Center, M. D. Stillwater, Ky.

Ponca Compound.

"I am by no means an enthusiast on the question of remedies, and particularly special formulæ. I wish, however, to state that Ponca Compound has, in my opinion, positive merit as a uterine tonic and alterative. I make this statement after several years' experience with the preparation."
Chicago. G. Erank Lydston, M. D.

Pruritis Ani.

A. J. Baker Flint, M. D., 102 Huntington Ave., Back Bay, Boston, writes of a case.

"I want to, in the interest of humanity, ask you to lay special stress upon the value of Unguentine in pruritis ani. I personally have been tortured with it for seven or eight years and never have found anything to act only as a palliative until I used your preparation which has absolutely cured me and now my faith in it is such that I prescribe it for everything in which there is inflammation or where it is neces sary."

Nothing Better.

Antidolor.—Special acetanilid compound, containing 3½ grains Acetanilid and ½ grain Citrated Caffeine to each tablet, pleasantly flavored. Antipyretic, Sedative, Anodyne.

Dose: 1 to 2 tablets.

Cascaroma.—Tonic laxative, containing all the active ingredients of Rhamnus Purshiana. Bitter property perfectly disguised. Palatable.

Dose: 15 to 60 minims.

Try them. C. E. Worden & Co. 214 Townsend St., San Francisco.

Mallery.

Surgical instruments of all kinds: long, short, round, square, flat and irregular. Crocker Bldg.,San Francisco.

Bed Pan.

Searby's Hospital Bed Pan is light, capacious, convenient, cleanly and durable. Needed in every houshold. W. M. Searby, 400 Sutter St., San Francisco.

Reliable Alterative.

Case 1.—M. S., fifty two years of age, male, was some years afflicted with an obstinate form of erythema, probably

of specific origin, which heretofore had resisted the usual constitutional and local treatments. The itching of the eruption was intolerable, the anæmia very pronounced, the whole constitution run down. Six weeks' medication with Iodia, supplemented by extract of malt and cod-liver oil, brought the case under control. I attribute the good effect of Iodia in this, as in other cases, not so much to its mineral ingredients (potass., iodide and ferri phosphate) as to their combination with the fresh principles of vegetable alteratives. I, for my part, believe that only the extracts of the green or fresh plants are reliable for therapeutic effects, the common fluid extracts of the dried plants having proven mostly inert in my hande.

Case 2.—R. W., aet. 38, female, presented glandular enlargements, complicated with functional disorders (dysmenorrhœa). The persistent administration of Iodia brought marked improvement and the patient is on a fair way to recovery.

Case 3.—J. P., male, aet. 60, blood-peisoning with chemicals used for dyeing, manifesting itself in a rupia-like eruption and general malaise. Iodia (Battle) promptly eliminated the morbid matter. A Ziegler, M. D.
Alleghany, Pa.

A Very Grave Error.

The experience of many of the best men of the profession, not only of the United States but abroad, has established the clinical value of Antikamnia. Among those who have paid high tributes to its value and who occupy positions of great eminence, may be mentioned Dr. J. Acheson Wilkin and Dr. R. J. Blackham, practitioners of London. They have found it of value in neuralgias and nervous headaches, resulting from over-work and prolonged mental strain, paroxysmal attacks of sciatica, brow-ague, painful menstruation, la grippe and allied conditions. Indeed the practitioner who has such cases as the latter come under his observation, who attempts their relief by opiates and stronger drugs, when so efficient an agent can be used, which is much less harmful, commits a grave error.

Experience goes to prove that ten-grain doses of Antikamnia in an ounce of sherry wine, taken every two to four hours, will carry the patient through these painful periods with great satisfaction.—*Medical Reprints*, London.

Cerebral Tonic.

F. E. Aarrison, M. D., Abbeyville, S. C., says: I have used Celerina in appropriate cases, and can heartily recommend it to all who wish an elegant preparation, combined with undiminished therapeutic aciivity. It is peculiarly fitted to such cases as delirium tremens, headache from debauch or excessive mental or physical exertion.

Book Notes.

A Text-Book on Practical Obstetrics. By Egbeat H. Granden, M. D., Gynæcologist to the Columbus Hospital; Consulting Gynæcologist to the French Hospital; late Consulting Obstetri-

cian and Obstetric Surgeon of the New York Maternity Hospital; Fellow of the American Gynæcological Society,etc. With the Collaboration of Geo. W. Jarman, M. D., Gonæcologist to the Cancer Hospital; Instructor in Gynæcology in the Medical Department of the Columbus Universit; late Obstdtric surgeon of the New York Maternity Hospital; Fellow of the American Gynæcological Society, etc. Second Edition. Bevised and Enlarged. Illustrated with Sixty-four Full-page Photographic Plates and Eighty-six Illustrations in the Text. 6½ x 9½ inches. Pages xiv–461. Extra Cloth, $4.00 net; Sheep, $4.75 net. The F. A. Davis Co., Publishers, 1914–16 Cherry St., Philadelphia.

The new edition of this popular work has been carefully brought up to date. The aim of the work is that of teaching graphically; and many new illustrations and elegant photographic plates are used, thus enabling the physician to acquire his knowledge clinically.

The general practitioner when in searchof information, wishes to secure it without the loss of time entailed in searching through a mass of theory and statistics. This work is imbued with the personality of the authors and is, therefore, not burdened with literature references and statistical data. The book does not contain a dry or wearysome line, but is enthusiastic and practical from first to last. It is a pleasure to study this book, and its mastery will bring skill and proficiency in the science and art of practical obstetrics.

Ellingwood's Materia Medica.—The author of this manual of materia medica has one eminent qualification for a writer on this subject which seems often lacking in those who attempt to deal with the subject of rational therapeutics. Dr. Ellingwood evidently *believes* in the remedial virtues inherent in the substances used in medicine, and his faith in therapeutics is a refreshing antidote to the debilitating nihilism which has more or less paralyzed this branch of medical science. The classification of remedies adopted in the present work is that based upon physiological and therapeutic action. The descriptions of the agents used in medicine are brief but comprehensive, and particularize all essential facts for the practitioner. In the application of remedies to disease, the author particularly excels, displaying a wide range of clinical experience. Few readers will peruse this volume without being reminded of much they should not have forgotten.—*Medical Age*, Detroit, Feb. 10, 1899.

Music.—Old Folks at Home. The finest Variations of "Old Folks at Home" ever issued in America. A good and showy piano composition suitable for concerts, exhibition and entertainments. Composed by J. R. Leoman, Union Mutual Music and Novelty Co., 20 East 14th St., New York. Price, 75 cents.

The Internatianal Medical Annual for 1899 is now in press and will soon be ready for delivery. Every doctor will have to have one. E. B. Treat & Co. publishers, New York.

LATEST ECLECTIC WORKS.

1895.

A SYLLABUS OF MATERIA MEDICA AND THERAPEUTICS, by FREDERICK J. LOCKE, M. D., Professor of Materia Medica and Therapeutics in the Eclectic Medical Institute, Cincinnati, Ohio, edited with pharmacological additions by H. W. FELTER, M. D., and J. U. LLOYD. 8vo., 460 pp., cloth..... 2 50

ON THE USE OF MEDICATED INHALATIONS, by JOHN M. SCUDDER, M. D., with an APPENDIX ON DISEASES OF THE NOSE AND THROAT, by Wm. Byrd Scudder, Professor of Ophthalmology and Otology in the Eclectic Medical Institute, Cincinnati, Ohio. 8vo., 150 pp., cloth..... 1 00

AN ECLECTIC COMPENDIUM OF THE PRACTICE OF MEDICINE, by Lyman Watkins, M. D., Professor of Physiology in the Eclectic Medical Institute, Cincinnati, Ohio. 8vo., 457 pp., cloth 2 50

ETIDORPHA; or, THE END OF EARTH, by John Uri Lloyd. Royal 8vo., illustrated, xvi-362 pp., cloth, net..... 2 00

THE ANNUAL OF ECLECTIC MEDICINE AND SURGERY. Edited by J. V. Stevens, M. D. Vol. VI, 1895. 8vo., 560 pp., cloth..... 3 42

1896.

THE ANNUAL OF ECLECTIC MEDICINE AND SURGERY. Edited by J. V. Stevens, M. D. Vol. VII, 1896. 8vo., 500 pp., cloth..... 3 42

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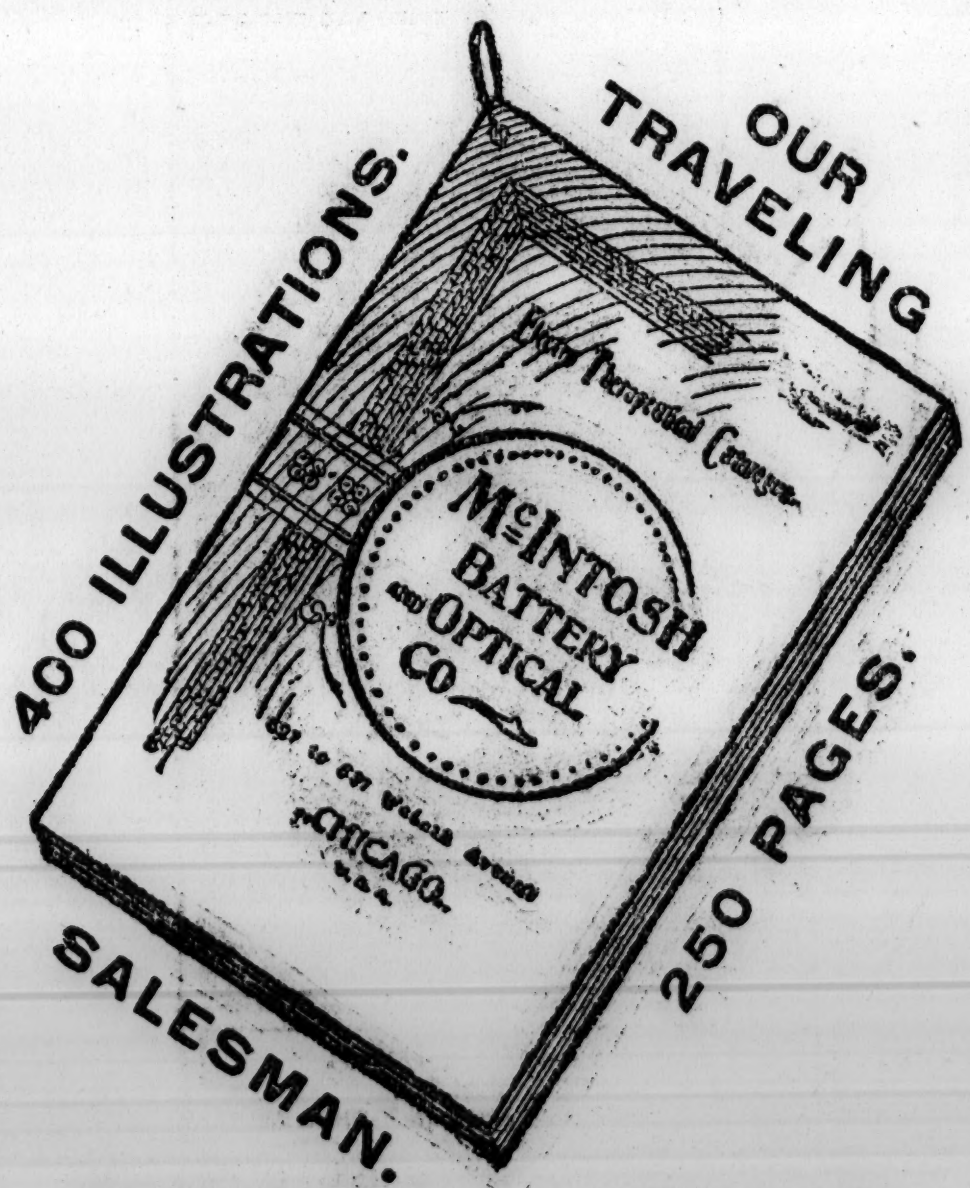

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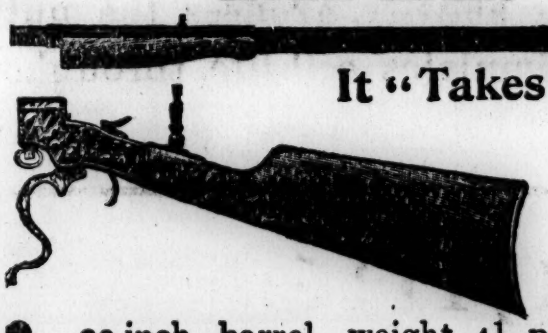

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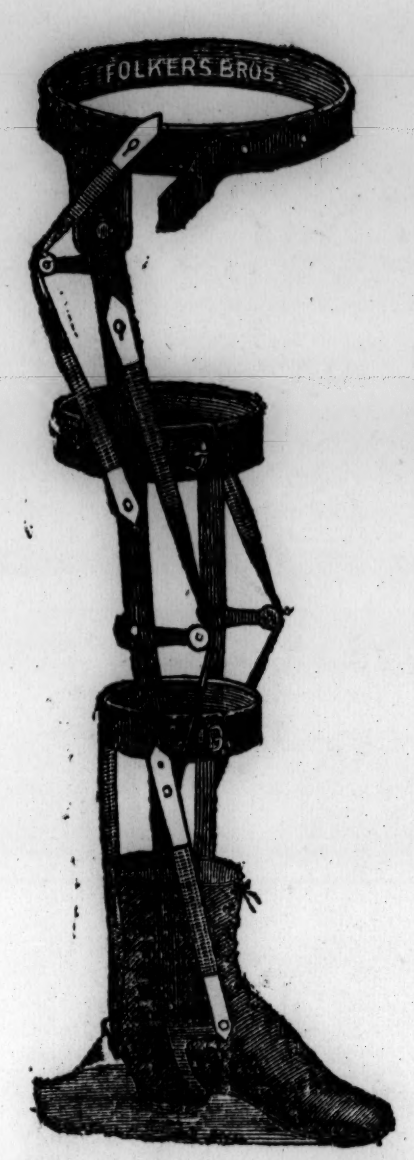

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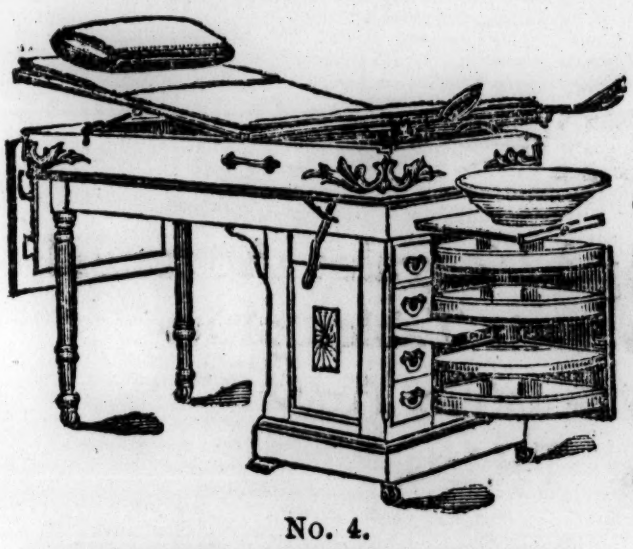

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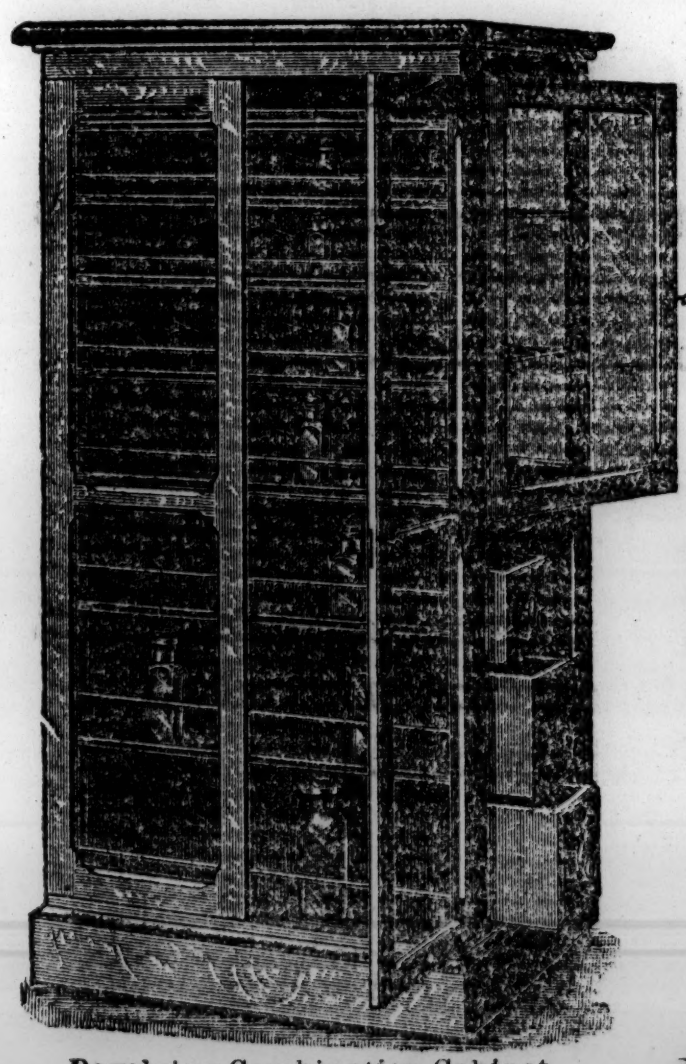

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